

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LIII.

THURSDAY, JANUARY 31, 1856.

No. 27.

## POLYPUS OF THE LARYNX.

BY ALFRED HITCHCOCK, M.D., FITCHBURG, MASS.

[Read before the Boston Society for Medical Improvement, by the Secretary, Jan. 14th, 1856.]

Mrs. E. J., aged 51, the wife of a farmer, was tolerably fleshy and robust, and had had no previous severe illness. No hereditary disease known in her family. In December, 1854, she called on me, and gave, with the aid of her daughter, the following account of herself. In the autumn of 1849 she was suddenly seized with hoarseness, which appeared at the time like influenza; under domestic treatment the general symptoms disappeared in a few days, with the exception of the hoarseness, which, from that time, has never entirely left her. In 1851-2-3, her general health was tolerably good, although the hoarseness continued and was occasionally aggravated, without any well-known cause. Several practitioners prescribed for her during this period, but I could not learn that she had followed, very systematically, the prescriptions of any regular physician. Indeed, for most of the time since the commencement of her hoarseness, she had been without any medical attendance. But little was learned of the treatment, except that one physician had sponged the fauces with a solution of nitrate of silver. This application was very painful, producing spasm of the glottis, and long-continued, suffocating dyspnœa. From that time she peremptorily refused to allow any topical application to the fauces or larynx. In the autumn of 1854 she occasionally had severe paroxysms of dyspnœa and more complete aphonia, followed by the expectoration of fleshy, granular tumors, accompanied by a little bloody mucus. These paroxysms of dyspnœa were distressing, and sometimes quite alarming to the patient and her friends. The expulsion of the tumors, which was always followed by instantaneous relief, occurred every second, third or fourth week; they were of a bright-red color, and varied in size from that of a common currant to that of a large cranberry; one extremity being rough and torn, and the other rounded or nodulated and covered by smooth membrane. They could be crushed in the fingers like healthy liver. At this time her voice was entirely gone, and she could only make herself understood by a few words uttered in a

sibilant under-tone. Dyspnœa and fatigue were excessive whenever she attempted to speak. There was no pain, tenderness, or swelling about the throat. The fauces presented no diseased appearance except a slightly congested state of the blood-vessels. The epiglottis was very red, its mucous membrane highly congested, and its apex appeared slightly spongy or fringed. There was no physical signs of disease in the chest. Over the larynx, the stethoscope obtained the sound peculiar to diphtheritic croup, with a frequent, valve-like interruption of its shrillness. The menses ceased in the summer of 1854. She then looked anxious and dispirited, her strength and flesh had somewhat diminished and her countenance had a sallow aspect.

At this time (Dec., 1854) there was no great difficulty, from the history of her case for the last few months, in making a correct diagnosis. The character of the fleshy vegetations from time to time expelled from the larynx, were now deemed conclusive of the existence of polypi of that organ, and that each expulsion was followed by a rapid reproduction of the vegetation. Exploration and topical treatment of the larynx was advised; and at a second interview I proposed tracheotomy. All topical or surgical treatment was peremptorily refused. In January, 1855, Mrs. J. was seized with chills, fever, vomiting and anorexia; she became icterode and emaciated; there was no cough or diarrhœa; she died on March 20th, 1855. The dyspnœa and aphonia were less urgent during the last few weeks of her life, and no vegetations were expelled in the course of the last month.

I am indebted to Dr. A. A. Plimpton, of Shirley Village, who attended her during her last illness, for the account of the *post-mortem* appearances, and (by consent of the family) for the larynx, exhibiting the spongy polypus *in situ*.



Dr. Plimpton informs me that the *lungs* and *heart* were perfectly healthy. *Stomach* and small *intestines* highly injected, and mucous membrane thickened and softened in patches. The *liver* was of normal color, but rather smaller and harder than natural. *Uterus* and its *appendages* healthy. No tumor of any kind discovered in any organ except the *larynx*. On opening the larynx and trachea longitudinally and posteriorly, a tumor, of a spongy, nodulated appearance, was discovered attached to the mucous membrane covering the anterior third of the right inferior *chorda vocalis*. The attachment was by a pedicle about four lines in diameter. The pendulous portion of the tumor, which projected about five lines, measured seven lines in diameter, was somewhat irregular in its outline, and of a soft, granular appearance. When the larynx was closed, the tumor, when motionless, would diminish the aperture to one fourth or less of its natural calibre. The adjacent mucous membrane was injected, but exhibited no

other morbid appearance. At the attachment of the tumor the mucous membrane seemed free and without any submucous infiltration, induration or morbid attachment to the ligament. The *ventricles* were both free from any morbid appearances. Portions of this tumor were examined with the microscope, and exhibited only epithelial cells, minute vessels, and a few fat-globules. No cancer cells were found.

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#### REMARKS ON THE TREATMENT OF YELLOW FEVER.

BY EDWARD JENNER COKE, M.D., NEW ORLEANS, ONE OF THE VISITING PHYSICIANS OF THE CHARITY HOSPITAL.

[Communicated for the Boston Medical and Surgical Journal.—Concluded from page 522.]

The first, that of removing the contents of the alimentary canal, is effected by giving, as soon as possible, from six to twelve grains of blue mass, to be followed in two or three hours, or even earlier, by a moderate dose of castor oil, from two to four tablespoonfuls; or, in its stead, a Seidlitz powder, which last may be repeated every one or two hours. If necessary, which is frequently the case, either of these may be advantageously aided by a large injection of soap suds, or strong salt and water. This last injection is generally to be preferred. One or two free discharges from the bowels will, as a general rule, be sufficient. By thus freeing the alimentary canal of its contents, which may be supposed to be of a more or less acrid character, it is presumed that the predisposition of the stomach to become seriously affected is in a measure removed, and that it is also placed in a condition to receive, without inconvenience or injury, those diaphoretics and dietetic drinks upon which no little reliance is placed in this disease.

Castor oil, confessedly a mild, valuable, and appropriate remedy in yellow fever, is known frequently to occasion nausea, or irritability of the stomach, and not unfrequently vomiting; for which, as one reason, I prefer, most generally, the Seidlitz powder, which besides being acceptable to most individuals, will, particularly when aided by the salt and water injection, certainly produce the desired effects, and in my opinion more effectually tend to diminish the febrile heat, and more quickly ease the head. The second indication, that of bringing into action the perspiratory system, is fulfilled by giving, as soon as possible, a hot mustard foot bath, which, when necessary, is to be repeated every hour or two, "in bed after the first," until a moisture appears upon the skin; for, when that desirable and favorable result is produced, there will in general be experienced a decrease, and, at times, an entire cessation of the headache.

Perspiration having been produced, it is necessary that it be continued until the febrile symptoms shall evince a sensible declension, to be known rather from the pulse than from the heat of the skin, which, although it may be covered with perspiration, still imparts

to the touch a sensation of preternatural heat. This perceived, we may safely predicate a continuous and entire cessation of the fever, which, although irregular as to time, is observed to occur most frequently in from one and a half to three days.

As an adjuvant of no mean power in accomplishing this continuous discharge from the skin, I have found the following as efficacious as it is simple; an accessory which I uniformly resort to, in this and other fevers, and which in my opinion is deserving of serious consideration. Envelope the feet and part of the legs in towels, or flannel, wrung out of hot water; cover these with one or more dry towels, to preserve the heat and moisture. This may justly be called a perpetual foot-bath, giving no trouble, nor causing the patient any uneasiness. Should the towels become dry, or appear so to the patient, it is only necessary to remove the outer covering and pour hot water on those previously wet. Mustard poultices to the calves of the legs, the soles of the feet, or between the shoulders, a remedy of great value and general use, are to be applied after the first foot-bath, and generally, as revulsives, act most serviceably, relieving the uneasiness of the head and stomach.

Cold water, vinegar and water, cologne and water, or, still better, the sedative water of Raspail, applied to the head or forehead, the hands and forearms, will, especially in the first twenty-four hours, be found of essential benefit, as well to relieve the head as to diminish the febrile heat. In all cases, as Curry long since established, and as has been strenuously advised by others of note, whenever the skin is preternaturally hot and dry, the pulse, as is generally the case, full and hard, the application of cold water, locally or generally, will not fail to prove grateful, and will be more apt to produce perspiration than when applied of a higher temperature. Judiciously employed, the application of cold water is deserving of being more generally resorted to in fevers of every description, the yellow fever being no exception, provided the above condition does really exist. In certain cases of yellow fever there can be no question that the properly-timed use of cold water, in whatever manner considered most appropriate, would be more conducive to the productive of perspiration and consequent declension of fever and pains in the head, than the almost constant habit of piling on blankets, immediately after the foot-bath, without regard to the existing condition of the skin or pulse, and often before the appearance of perspiration. At the same time, it is frequently observed that there is an entire prohibition of the entrance of fresh air in the room. I wish not to be considered as inculcating rashness, or an exposure to a draught upon the body in this disease, but my keen remembrance of the torture I was forced to endure in 1839, when passing almost miraculously through an attack of yellow fever, as well as what I know others have suffered from the same causes, compel me thus to allude to an irrational custom, fortunately, however, on the decline, in the hope that it may benefit others. In respect to the amount of covering proper in this disease I have found it neces-



sary to attend to it in each case. One would require more, another less ; but in all cases, the comfort of the individual, as well as the prospect of recovery, was considered ; and thus far, not only have I not met with a single unpleasant occurrence, but I am firmly of opinion that the successful termination of many cases was to a certain extent the result.

In proof of this position I may state, that I have seen individuals in this disease, who although commencing to perspire, yet thinking to increase it, would add more covering, when the perspiration would decrease, the skin become hotter, the head more painful, and the pulse fuller. By cautiously diminishing the covering in these cases, the perspiration in a short time would be augmented, and the other symptoms equally changed for the better. With children laboring under this fever, it is impossible to keep them quiet, or constantly covered ; yet with them, the general course of treatment proved perfectly successful.

In pursuing the general course of treatment advocated, I in all cases bring to my aid the following, for internal use, principally for the reason that in the commencement of an attack of yellow fever, however mild it may appear, it is impossible to predict with certainty what may be its future course. Not unfrequently, cases, really mild at first, speedily assume a serious character, and pass to an incurable condition ; while, on the other hand, cases commencing with really grave symptoms, may rapidly be led into a state of convalescence and recovery, without subsequent alarming symptoms. These facts I observed in the hospital sufficiently often to satisfy myself of their correctness, while in private life I am cognizant of many well-marked instances strikingly confirmatory of the importance of adverting to them.

The following preparation is that alluded to, the strength, as well as the dose, and frequency of repetition, being proportioned to each case. R. Nit. potassæ, gr. xv. to xl. ; sp. nit. dulcis, ℥i. to vi. ; aq. lauro cerasi, ℥i. to ii. ; liq. ammon. acetat. ℥iv. to viii. M. Dose, one to four teaspoonfuls every hour.

As a diaphoretic, to contribute in no trifling degree to the fulfilment of what it is perceived is regarded as of great importance, this preparation has proved as uniformly successful as can be reasonably expected from any medicine. By properly regulating the dose and frequency of repetition, depending necessarily upon the existing condition of each case, it has appeared that the amount of perspiration could be regulated with no little certainty.

The reputed efficacy of the tincture of aconite, in inflammatory and febrile diseases, induces me frequently to add from ten to fifteen drops of it to the above ; but the result being similar, with or without it, I am unable to decide whether it contributed additional power to the combination. In cases presenting a decidedly inflammatory condition of the brain or other organ, its addition might prove useful.

From an early stage of the disease, about the second day, I am

accustomed to give, several times a day, a soda powder in a state of effervescence, as cold as possible; or, instead of it, or alternating with it, the half of a Seidlitz powder, which last is sometimes preferable in consequence of the existence of a tendency to constipation.

Thus far, attention has been given exclusively to what may be considered the truly medical treatment; the perhaps equally important part, the dietetic, remains to be noticed. From the commencement of treatment until the subsidence of the fever, except for very particular reasons, I allow nothing but the following drinks, which may be regarded as ample for all the wants of the system. To a tumblerful of flaxseed tea, add two or three tablespoonfuls of gum Arabic in lumps, two or three slices of fresh lemon, sugar if desired, and ice to make it as cold as possible. Of this agreeable and nutritious drink I not only allow, but urge a free use, unless the stomach should evince symptoms requiring restriction as to quantity and frequency.

I do not mean to assert that the course of treatment here laid down and advised will prevent in all cases the appearance of unpleasant or dangerous symptoms; but I do say, that having in no one instance in private practice, and in but few in the hospital, found retention or suppression of urine, or the black vomit, or any subsequent cerebral disturbance, I feel forced to conclude that the plan is applicable to the disease and will succeed in effecting the greatest number of cures.

The fever having been subdued, and no unpleasant symptoms existing, there yet remains a period of great anxiety to be passed through. I allude to the stage of convalescence, in which the most unceasing care is required; for the excessive prostration of strength, and weak pulse, indicate the propriety and necessity of strengthening the system. Doubtless this must be attended to; but if ever the "slow and sure" maxim is to be followed in any disease, it is most unquestionably and truly so in the getting up from yellow fever. Attention to this point being given and strictly followed, a relapse will be of rare occurrence; if not attended to, from a foolish desire on the part of the patient to compel a quick recovery, a relapse will most probably occur, and when such is the case the proportion of recoveries is small. A light diet, slowly increased; mild tonics; diluted malt or alcoholic liquors in moderate quantities, are the principal or only means called for. The diet should consist of barley or rice gruel, arrow root, corn starch, chicken soup, beef tea, or mutton broth.

The tonics are, a cold infusion of red bark, cherry bark or chamomile; a few grains of quinine in solution, given alone, or, still better, combined with the above infusions. Weak porter, or ale and water, very weak brandy, or wine and water, are proper and often required.

By observing the precaution of not attempting to recover too rapidly, and be about too soon, nor of wishing to indulge too freely

or too early, in the only proper articles of diet and drink, as above specified, by allowing nature a fair opportunity of restoring, by the digestion of appropriate aliment, that physical strength which, as a necessary consequence of the disease, has been lost, it is true the sick may require a few more days of repose or inaction, but it is still more true that by such a proceeding the progress towards a state of health will be more regular and more certain, with scarcely the possibility of a relapse or drawback. To get out of bed too soon, to walk about the room, or to go into the street for exercise, without having previously gained a certain amount of strength, have too often proved that even after having passed through the disease and been brought to the stage of convalescence, not a few verify the truth of the trite adage, "the more haste, the worse speed," a fatal result frequently ensuing.

In conclusion, I would state that the *aqua lauro cerasi*, used in the hospital, is a substitute made by adding one drop and a half of the oil of bitter almonds to an ounce of water, making the mixture *secundum artem*. In private practice I am accustomed to use the orange flower water in its stead.

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#### EXCISION OF THE ELBOW-JOINT IN A CASE OF LACERATED WOUND OF THE ARTICULATION.

BY G. KIMBALL, M.D., LOWELL, MASS.

[Reported for the Boston Medical and Surgical Journal by E. K. SANBORN, M.D.]

It is to the credit of modern surgeons that the highest honors of their art are gathered from the field of "conservative surgery." The saving of a life and a limb at the sacrifice of a joint, is a real triumph, and every instance of success which illustrates this great modern improvement in surgery is worthy of record. The following case occurred under the care of Dr. Kimball during the past year.

On the 3rd of June last, W. F., a strong, healthy young man, 24 years old, was employed about a "derrick" in repairing a railroad bridge in this city. By some accident his elbow was caught between two pointed *chain hooks*, which transfixed the joint, and tore out, in such a manner as to open the articulation completely and leave the articular surfaces of the humerus and ulna protruding. The head of the radius was broken off, which was all the injury done to the bones themselves. The triceps extensor muscle was also torn off from its attachment to the ulna, and lacerated to a considerable extent; and the injury generally done to the soft parts was very extensive.

The engraving on the next page represents the appearance of the arm at this time. On examination it was found that the attachment of the *biceps* to the tubercle of the radius was uninjured. Also that the *brachialis anticus* was still attached to the ulna. The blood-vessels and nerves were also uninjured. Under these cir-

circumstances, the decision to attempt to preserve the limb with the loss of the joint was quickly made. The chain saw was applied to the humerus, just above the condyles, which were thus removed.

As much of the ulna and radius were removed as could be with safety to the attachments of the *brachialis anticus* and *biceps*. About an inch of the *triceps extensor* was then removed: also an amount of contused and lacerated soft tissue, in order to give the injury, as far as possible, the character of an incised wound. The edges of the wound then being brought together by sutures and adhesive straps, the limb was placed in a splint, in the straight position, and the simple "water dressing" used. No unfavorable symptom appeared, and at the end of six weeks the wound had entirely closed, and a flexible union had taken place between the ends of the bones.



At this time an *angular splint* was applied, and passive motion kept up for a number of weeks. In the course of the summer the splint was removed, and the arm, bent at a right angle, was kept in a sling. During this time there was an obstinate tendency to solidification in the false joint, and at intervals of two or three weeks it was found necessary to give chloroform and restore the movements of the new joint, by forcible flexion and extension.



The present appearance of the arm is shown in the annexed engraving, taken three weeks since. The power of bending the arm is preserved to a useful extent. The motions of the fingers and wrist are perfect. The power of extension is impaired, but not lost; and the chief defect in the motions of the arm is the limited power of pronation and supination.

As evidence of the usefulness of the arm, it may be stated that the man is now at work for the railroad company, and is able to do his day's work, at shovelling gravel or snow, without difficulty.

## CHANGES IN THE CERVIX UTERI DURING PREGNANCY.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—On the subject of the changes undergone by the lower portion of the uterus during pregnancy, alluded to at a late meeting of the Society for Medical Improvement, I offer you the following translation of the remarks of Jacquemier, who is considered, I believe, by the French, the most accurate obstetrical writer of the day among them. It is obvious that the French have particularly favorable opportunities for the investigation of the subject.

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L. PARKS, JR., M.D.

"The changes which the cervix undergoes, serving as they do in the diagnosis of pregnancy, have been studied with much care. As to the body of the uterus, its changes result from the hypertrophy of its walls and from the dilatation of its canal. But these phenomena are observed simultaneously during only the latter months of gestation.

"During about the first five or six months of gestation, the alterations of the cervix relate almost exclusively to the growth of its tissue, and are, by consequence, but slightly sensible, and quite difficult to appreciate well. The part becomes rounded, thickened, diminishes in firmness, and lengthens. The posterior lip advances little by little to the level of the anterior. Both lips become less distinct from each other, while the transverse fissure which they circumscribe becomes rounded into a circular *fossa*, in the centre of which is found the external orifice of the cervix, entirely closed. This arrangement of the lips and of the orifice can scarcely be considered as the normal state, save in a first pregnancy. In women who have borne a number of children, the lips being more or less distorted and irregular, are but very imperfectly circular and conical; the orifice is frequently open; and its borders present a softness which contrasts with the firmness of the cervix. Under the same circumstances, the increase in the length is very difficult to appreciate, since it ordinarily remains shorter and thicker after one or more pregnancies. But the augmentation in volume and the softening occurring at its base, are much less variable, whatever may have been the previous condition of the woman.

"The epoch at which the dilatation of the cervix commences has not yet been fixed in a precise manner, and seems to offer very numerous variations in different individuals. The dilatation and the shortening of the cervix are two phenomena intimately related, and always observed to occur simultaneously. Although it is almost universally admitted that the dilatation and shortening of the uterine neck commence at the fifth or six month, we can scarcely regard this term as fixed by exact observation. The same remark is applicable, with still greater force, to the relations which have been believed to be established between the length of the cervix and fixed epochs of pregnancy. It is better to place but limited reliance upon these indications, and not to admit to the letter the gene-

rally received opinion, that the cervix loses a third of its length at the fifth month, half at the sixth, two thirds at the seventh, three fourths at the eighth, and the rest during the ninth. The shortening of the cervix presents varieties so numerous that it is impossible to establish distinctions so fixed and uniform.

"The mode even of dilatation of the cervix is not yet perfectly known. It would be reasonable to assume the process to be accomplished in a slow and gradual manner from above downwards—towards the external orifice. And yet the investigations of M. Stoltz are opposed to this view, and seem to prove that the internal orifice remains closed till nearly the middle of the ninth month; that the external orifice gradually approaches the former through the depression of the parts intermediate (thus rendering the cavity of the cervix larger—more expanded in the centre—in proportion to the approximation of the two openings); and then, when the two orifices are but slightly separated from each other, the internal os opens first. The portion of the cervix which is intermediate between these two openings dilates in a very brief space of time. In women who have undergone previous pregnancies, and in whom the external orifice is more or less open before the end of gestation, the process of dilatation is effected in a manner quite the reverse of the preceding—the external orifice seeming to expand first, while the internal does not open till labor is imminent. Thus, according to M. Stoltz, in a first pregnancy the cervix disappears from within outwards; and, in subsequent pregnancies, from without inwards.

"It is hardly allowable to affirm that such is exactly the mode of dilatation and shortening of the cervix; for these investigations, as well as those on which other views are founded, being made only by tactile examination, necessarily leave much to be desired. Direct observation alone can clear up this question to a certainty. But, however this may be, the vaginal portion of the cervix is, in *primiparae*, up to the sixth month, rather elongated than shortened; but hastens to diminish in length, and to expand laterally, though without observing an invariable and regular rate of decrease. In many women it is reduced one half at the end of the seventh month, whilst in others it is shortened but little at the middle of the ninth. Most usually, however, at this latter epoch, the cervix presents itself only as a salient nipple with a very large base, on pressing which, the infra-vaginal portion, although enlarged, is felt to offer a degree of resistance and hardness which seem to exclude the presence of any portion of the ovum in this part. At the full term, the vaginal portion has often ceased to offer the least prominence; the external orifice is still well pronounced though rounded; the *fossa*, at the bottom of which it is found, being circular, large, and quite deep, its borders extended and very thin. But this arrangement is far from being constant even in *primiparae*. It is not rare to observe, even at the commencement of labor, a very sensible nipple-like projection. In other cases the anterior lip is effaced, the posterior still remaining quite prominent; while in still other cases the cervix,



and even both its lips, are completely effaced several days before the commencement of labor.

"In women who have previously borne children, the neck of the womb is sometimes quite freely open from the eighth month, or so soft that the finger may be carried quite to the ovum. But, on approaching the close of gestation, the *fossa* and the orifice cease to be exactly circular, the latter remaining more or less thick, and presenting one or more fissures resulting from former lacerations. The thickened extremities of the lips form irregular prominences which often exist up to the commencement of labor." \* \* \* \* \*

### Bibliographical Notices.

*Thirteenth Report to the Legislature of Massachusetts, relating to the Registry and Returns of Births, Marriages and Deaths in the Commonwealth, for the Year ending December 31, 1854.* By EPHRAIM M. WRIGHT, Secretary of the Commonwealth. Boston: William White, Printer to the State. 1855. Svo. Pp. 207.

FROM the commencement of the series, the Massachusetts "Registration Reports" have been acknowledged to be of far higher value, as affording accurate information concerning vital and mortuary statistics, than any similar ones in this country, and are of constant service "as the most reliable source for making the necessary calculations for determining the expectation of life, not only in Massachusetts, but also throughout the United States." Their value is no less important in obtaining a knowledge of the laws of diseases and epidemics, and of various physiological conditions respecting births and deaths. The Thirteenth Report is in no respect inferior to any of the others; on the contrary, the tables "have been enlarged by the introduction of new facts, and new side tables of an interesting character have been brought in, to render the tabular portion of the Report more comprehensive, and to bring forward new subjects for the consideration of statisticians. These new features have been so introduced as not to interfere with a comparison of the tables for this year with those of the previous ones. Among the improvements may be noticed tables designating the parentage of the children born, and the nativity of persons united by marriage; one exhibiting the number of illegitimate births within the Commonwealth during the year 1854, the births being arranged by sexes, for each of the twelve months, and also by counties; and one exhibiting the conditions and ages of parties married during the two years, 1853-4. This table is subdivided into six sections, showing (A) the ages at the first marriage of both parties; (B) at the first marriage of the male, but subsequent marriage of the female; (C) at the subsequent marriage of the male, but first of the female; (D) at the subsequent marriages of both parties; (E) the conditions of parties not stated; (F) aggregate of all conditions of parties.

The tables and the laborious "two Years' Abstract" which compose the work show "that an unusual degree of care has been taken in their preparation, by those upon whom it has devolved to perform that laborious and perplexing duty. When it is considered that months of unremitted labor and the most tedious application are required of several clerks, whose works have to be brought together and blended, for the purpose of forming the



comprehensive tables, it will be freely acknowledged that the task has been performed with commendable accuracy. The tables which are submitted with this Report, although they are not so numerous as some may desire, far exceed in number and particularity those of any other similar document covering the same extent of ground, prepared at public expense, within the United States."

It is gratifying to be able to state that more than usual care has been taken by the town clerks in the collection and registration of the various particulars required by law. Complete returns have been received from every town in the State except Dennis and West Stockbridge. "With these exceptions, there are, this year, no blots upon the character of any town in respect to matters of registration."

We shall proceed to make a few abstracts from the Report, for the benefit of those who are unable to obtain it, earnestly recommending others, especially medical men and those interested in the subject of Life Insurance, to possess themselves of a copy.

The number of births registered during the year 1854 was 31,997, being an increase of 1,077 over the number recorded during the previous year. Of these, 16,352, or 51·10 per cent., were males, and 15,469, or 48·34 per cent., were females; and of 176, or ·56 per cent., the sex was not ascertained. It is a singular fact that in several of the Reports which have preceded this, the number of male children born here has been found to exceed considerably that of females. "This differs from what appears to be the general opinion of statisticians, who almost invariably state, especially those of foreign countries, that at the time of birth the female children are most numerous." The excess of births of males over females in this State in 1849 was 1,066; in 1850, 745; in 1851, 1,336; in 1852, 814; in 1853, 833; in 1854, 883. The same result is found elsewhere, particularly in America. In the city of Boston, 36 instances of twin-births were recorded during 1854; 51 occurred during the preceding year. In a single house in Oliver street there were seven births, and the same number in one in Orange street. Notwithstanding the most unwearied painstaking on the part of the City Registrar and the very competent gentlemen employed by him, "it is believed that this department of statistics is always in a large degree the most deficient in the Boston tables." This deficiency is ascribed to "the gross ignorance, superstitions and jealousies with which the collecting agents have to contend." "In 1853 there was a greater mortality," in the State, "among females than males, whereas the converse is true in 1854, although the proportional gain of births over deaths remains for this last year with the males. This subject has been one of great interest to those engaged in the study of mortuary statistics, and requires a more extended series of tables, before there can be an arrival at any satisfactory conclusion." "The months of October, August, September, July, December and November were the most fruitful in the order named; and January, February, April, June, May and March the least so." "During the year 1854 there were born, in plurality cases, 600 children; of these, 312 were males, and 288 females." "There were seven cases of triplets during the year." The number of illegitimate births was 203; of whom 95 were males, 106 females, and 2 of unknown sex; thus the per centage of females was 52, and that of males only 46, illustrating the law stated by Carpenter (*Human Physiology*, Phila. Edition, page 809), that in illegitimate births the female sex predominates, which he ascribes to the fact that the parents are more likely to be of the same age, the sex of the offspring being influenced by the age of the father."

The number of *Deaths* reported within the Commonwealth during the year 1854, was 21,414, exceeding the number of the preceding year only 1,113. Of these, 10,710 were of males, and 10,558 of females, while 146 were of unascertained sex. The average age for each individual 27.16. The excess of males over females (152) is unusual, but so small that it does not affect the general rule supposed to exist in this country, that there is a greater mortality among females than males. The number of deaths among children under one year of age, was 4,188. The number under five years, was 8,079, or 38.15 per cent. of the whole number of deaths. Between the ages of 20 and 30, the next most fatal period of life, the number of deaths was 2,602. Six individuals, two males and four females, died during the year who had lived to a greater age than one hundred years; one, a colored person, was reported as having been killed by a fall at the advanced age of one hundred and ten years.

The following facts relating to the mortality of Boston, are of interest. The number of deaths within the city was 4,441, being an excess of 157 over the mortality of the preceding year. Of this number, 180 died from accidental causes. The average age of those who died, was 21 years; of the males, 19.97; of the females, 22.11; showing a difference in favor of the latter of about two years. Seventy-eight colored persons died, whose average age was 25 years, or nearly 4 years more than that of the whites; but this difference was chiefly in favor of the females, whose average was 27 years, while that of the males was 21. "It appears, that while the births and deaths within the city are constantly and gradually increasing, the excess of births over deaths has been diminishing." August and July were much the most fatal months, and December, November and October, in the order given, the least so.

*Causes of Death.* Much complaint is made of the evident deficiencies and inaccuracies which appear in the returns, in respect to the causes of death. This fault is not chargeable to the recording officers, "but in most instances, to persons who collect the facts at the time that interments are made. When these returns were required to be made by the medical attendants, *they were little more satisfactory, if any, on account of the many charlatans and empirics, some of whom attribute all the deaths that occur within their knowledge to a very limited class of causes, while there are others who never allow that their patients die of certain well-known fatal diseases.*" The proper remedy for this would be to require by law that every death should be certified to by a competent medical man; unless some such provision is made, we must be content to wait for exact statistics on this subject, until progress in medical science extends to unworthy pretenders.

Of the causes of death designated in the Report, zymotic diseases have been the most fatal during the year 1854, as in previous years. Next to this class follow the diseases of the respiratory organs. These two classes constitute 55.92 per cent. of all the causes of death. The most fatal zymotic disease, numerically considered, for the last fourteen years, has been dysentery; but undoubtedly many deaths from other causes, such as diarrhœa, cholera infantum and teething, are included under this head. Next in order rank typhus fever, scarlet fever, croup, cholera infantum, fevers in general, measles, whooping cough, cholera, diarrhœa, erysipelas and smallpox. This order has been somewhat changed for 1854—cholera following typhus fever, after which are croup, cholera infantum, scarlatina, measles, fevers, whooping cough, diarrhœa, smallpox and erysipelas.

*Cholera* was more fatal than in any preceding year, except 1849. *Cholera infantum* was unusually fatal, as was also the case in the previous year. The number of victims was 528, or 2.55 per cent. of all the deaths. With three exceptions (of whom the age of two was not ascertained), all the children were under five years of age. *Croup* appears to be on the increase in Massachusetts, notwithstanding a small diminution from last year's returns. The number of deaths was 562, 486 of which were children under five years old. The disease was most fatal in February, January, December and April; and least so in August, July and June.

The deaths from *dysentery* were 1,159, of which 64 per cent. were in individuals under the age of five years, an "almost certain evidence that many of the deaths attributed to this disease were the result of other causes more usually affecting young children." As in the four preceding years, the greatest mortality from this disease occurred in September and August, and the least in January, February and May. *Erysipelas* has very much decreased in 1854. During five years, the months of March and April have been the most inauspicious, and the summer months numbered the fewest victims. *Measles* has increased very considerably since the preceding year; the number of deaths was 325, or 1.57 per cent. of all deaths from ascertained causes. Seven-eighths of the fatal cases occurred in children under five years of age. The month of January was most disastrous, and next came April, February, November, December and October.

Under *typhus fever* are included all cases of "bilious fever," and, we presume, of typhoid. The disease has been gradually increasing during the last five years. The number of deaths in 1854 was 807, of which the greater proportion occurred in Suffolk County. The period of greatest mortality, during five years, was between the ages of twenty and thirty. The most fatal months were October, September and November.

*Scarlatina* was unusually moderate, producing much less than half as many deaths as during the preceding year. The number of deaths was 490, the greater part of which occurred during the first five months of the year. The deaths from *hydrocephalus* were 461, 405 of which were in children under five years of age.

The deaths by *consumption* have slightly increased, numbering 4,611, nearly one quarter of all the deaths from known causes. Of these, 1,903 were males, 2,707 females, and 1 of unascertained sex. "The tables in the Massachusetts Registration Reports show very decidedly that mortality from consumption is much more prevalent with females than with males." The most fatal period was that of middle life, between the twentieth and thirtieth year; the next, between the ages of thirty and forty. From *pneumonia*, there were 838 deaths, a very large proportion of which occurred in young children.

There were 261 deaths by cholera. In Boston, "there were but few cases in which the predisposing cause could not be easily traced to filthy and ill-ventilated dwelling-places, to gross personal habits, or to imprudence in diet."

The large number of extracts which we have made from the Report render it superfluous for us to say more in its commendation. We have only space to express our thanks to Dr. Nathaniel B. Shurtleff, to whom the charge of preparing it was committed; to Mr. E. P. Robinson, by whom the tabular extracts were made; and to the Hon. Ephraim M. Wright, Secretary of the Commonwealth, to whose wise supervision the public is so largely indebted for this and former Reports. It is a matter of much regret that

the State has lost the services of so faithful and efficient an officer; we are sure that he carries with him in his retirement, the thanks and good wishes of the whole community.

*An Investigation into the Facts and Theories of Fermentation and Putrefaction.* By HENRY PEMBERTON, Practical and Analytical Chemist.

THIS is the title of a pamphlet of thirty-eight pages, originally communicated to the Philadelphia Medical Examiner, No. CXXV., May, 1855.

The principal portion of the article is occupied with a condensed, but at the same time distinct and satisfactory relation of all the facts and experiments known concerning fermentation and putrefaction, the study of which could cast any light upon the principles involved in these decompositions. After quoting Liebig, Gmelin, Schmidt and others with regard to *Eremacausis*, slow oxidation or combustion, a kind of decomposition where the matter gradually disappears without producing visible secondary products or offensive odors, and where no microscopic vegetations have yet been discovered, the author states that the dry rot of timber may perhaps be considered as an instance of *eremacausis*, although frequently attributed to the effects produced by a vegetable parasite that attacks it. He states that he has seen four floors of a large store completely destroyed within two years, so that the heavy joists would not bear their own weight, the timber being found covered with a green mould quite perceptible to the naked eye. An account of the nature of yeast, with its two microscopic germs, viz., those of *torula cerevisiæ* and *penicillium glaucum*, from Blondeau's description, and an interesting account, by Marcal de Serres, of the manufacture of Roquefort cheese, are given. The production of nitrous acid during the progress of alcoholic fermentation is alluded to, and the fact stated, that the evolution of this gas, from the fermenting vats in the New York distilleries, often renders it impossible to remain in their vicinity, from its violent action upon the eyes.

Schroder and Von Dusch have lately established the fact that when air is passed through a tube filled with raw cotton, it becomes incapable of inducing fermentation or putrefaction in substances that would rapidly undergo these changes if common air was substituted. The author, with the view of deciding whether this property is due to the structural arrangement of cotton, or whether it is possessed by all finely divided substances, and with the hope of detecting these invisible germs, instituted experiments with pure, fine, white sugar as a filtering medium, previously heated to 212 deg. Fahr. The same effects were produced as with the cotton filter, viz., the preservation of meats in contact with air thus filtered. No organic structure was detected in the sugar, however, although a flocculent mass of vegetation, resembling, but not identical with, *penicillium glaucum*, was found in the water through which the air was passed previous to entering the sugar. In another experiment where the sugar was not heated, putrefaction took place. The author believes that sugar, in common with all matter, organic and inorganic, that is not destructive to vitality, contains a substance capable of being taken up by a current of air, and possessing the property, while thus suspended, of exciting fermentation; this property, however, being destroyed by a temperature of 212 deg. Fahr. The author concludes by reviewing the three theories of fermentation and putrefaction most worthy of credit, viz., that of catalysis, promulgated by Berzelius, that of atomic disturbance, by Liebig, and that of minute animal or vegetable organisms, proposed by Schwann. He endeavors to answer the objections of Liebig to Schwann's

doctrine, which is certainly more in accordance with recent investigations than any other yet proposed, and states that the phenomena of organic decomposition "may be distributed into three classes, the action in each being distinct in its causes and manifestations. These are, 1st. Eremacausis; restricting this term to those decompositions that are produced simply by oxidation, without the presence of any substance, either organic or vital, other than those immediately concerned in the decomposition; the oxidation of oil, the formation of acetic acid from alcohol, by means of platinum sponge, &c., being examples. 2d. Changes induced in certain bodies by the presence of another substance, in determining the fixation of water and the formation of new compounds, as in the conversion of starch into grape sugar by diastase, the decomposition of amygdalin, &c. 3d. The process of fermentation and putrefaction, properly so called, including all those cases not embraced under the previous headings, in which the decomposition is produced by the presence of germs of vegetable or animal life."

The pamphlet is well worthy the attention of scientific physicians.

B. S. S.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 31, 1856.

### M. BROWN-SEQUARD'S DISCOVERIES OF THE FUNCTIONS OF THE SPINAL MARROW.

SELDOM has the scientific world been taken more by surprise than when M. Brown-Séquard announced his recent discoveries relative to the functions of the spinal marrow. Whatever may be wanting to complete our knowledge of the action of this portion of the nervous system, the brilliant investigations of Sir Charles Bell seemed to have set at rest forever the question as to the particular-fibres which communicate motion to the muscles, and sensation to the brain. The theory of Bell, in a few words, is as follows. "The spinal cord has two functions, relative to the two substances of which it is composed. It serves as an independent organ, detached from the brain, for the performance of reflex actions, a property which it owes to the grey matter contained in its centre. By the white substance it acts as a medium of communication between the brain and the parts to which the nerves are distributed, the posterior columns conveying sensations *upwards*, and the anterior and lateral columns transmitting the power of motion in a *downward* direction. This theory was less the result of experiments upon living animals, than of a process of reasoning, Sir Charles having always manifested a strong repugnance to vivisections. M. Longet, however, demonstrated, by the application of galvanism to sections of the spinal marrow of animals, that irritation of the posterior columns caused no movement, while that of the anterior columns occasioned no pain. On the contrary, the galvanic current caused extreme pain when applied to the posterior columns above the transverse section of the medulla, and excited movements when directed through the anterior columns of the lower segment. The grey matter was found to be insensible to the irritation of electricity. The theory of Bell, so remarkable for its simplicity and apparently so perfectly supported by the demonstrations of one of the most eminent experimental phy-

siologists, could not fail of universal adoption, and although pathological facts were occasionally made known which appeared to contradict, to some extent, its conclusions, it seemed natural to believe that these were inaccurately reported.

It will be observed, that in the experiments of M. Longet, the spinal cord was always completely cut across. We may not unreasonably ask whether the organ thus divided is in the same condition for transmitting sensation and the power of motion, as when its continuity is in a great part preserved, and why this method of experimenting was employed, instead of cutting through each portion in succession, and observing the effect produced upon the function attributed to that part? In reply to the latter inquiry, M. Longet states that the operation of laying bare the spinal marrow, and evacuating the fluid which is contained in the cavity of the arachnoid, is always followed by paralysis, both of sensation and motion, of the posterior extremities, thereby rendering further investigation impossible. Here was the great obstacle to researches in the functions of the spinal cord, and the removal of this obstacle was the first step taken by M. Brown-Séquard. He ascertained that the nervous disturbance following the opening of the spinal canal was caused by the loss of blood and by the pain and shock consequent upon the operation. By operating in such a manner as to prevent a great flow of blood, and by allowing the animal time to recover from the depressing effects of the operation, he found that both sensation and motion returned to the posterior extremities in almost, if not quite, their original degree.

Thus enabled to experiment upon the cord in a normal state (as far as its functions were concerned), he proceeded to isolate various portions of the different columns by sections made with extreme care, and demonstrated a series of laws relative to the spinal functions, the principal of which are the following:

1. The posterior columns may be divided without destruction either of sensation or motion.
2. Sensation and motion are destroyed when the grey substance is cut across.
3. Integrity of the antero-lateral columns does not interfere with the loss of motion, nor does integrity of the posterior columns prevent loss of sensation.
4. Division of the posterior fibres of the cord, so far from abolishing sensation in the parts to which these fibres are distributed, appears, on the contrary, greatly to increase it.
5. When the posterior columns are divided, sensation continues to be transmitted between the lower portion and the grey substance, which transmits the impression to the sensorium by means of fibres descending from the upper portion, and joining obliquely the grey substance below the point where the section is made.

Our limits forbid us to detail the experiments upon which the above conclusions are founded. They have been repeated over and over again with the same results, in the presence of a committee appointed by the *Société de Biologie*, consisting of MM. Claude Bernard, Bouley, Broca, Giraudeau, Goubaux and Vulpian, to whom was referred M. Brown-Séquard's memoir, and who were entirely satisfied with his conclusions. The interesting report which they made to the Society is the most convincing evidence of M. Brown-Séquard's skill as an experimenter and his eminence as a physiologist.



**FORMIC ACID IN THE BLOOD OF A PERSON KILLED BY THE INHALATION OF CHLOROFORM.**

THE following note, received from a source which entitles it to credit, will be read with interest.

"In the *Journal* of January 17th, an account of a recent death from chloroform in this city, was given. A quantity of the blood, removed at the autopsy, was placed in the hands of Dr. C. T. JACKSON for chemical examination. He has ascertained that the blood contained formic acid, and that it could readily be separated by distillation in the heat of a chloride of calcium bath.

"Chloroform consists of formyle and three equivalents of chlorine; formic acid of formyle and three equivalents of oxygen. The three atoms of chlorine leave the chloroform and unite with the blood, while three atoms of oxygen leave the blood and unite with the formyle of the chloroform, replacing the chlorine and producing formic acid. Thus the blood is not only deprived of its oxygen, but it is so altered as to be incapable of absorbing vital air and the patient dies from asphyxia. The production of formic acid under such circumstances has never before been known, and of course it is to be regarded as an important physiological fact of no small practical moment."

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**THE RECENT DEATH FROM CHLOROFORM.**

IN our remarks concerning the recent death from the effects of chloroform, in the *Journal* for Jan. 17th, we said, "we cannot help thinking that the amount of chloroform used in this case was very large." We did not perceive at the time that we might be doing an injustice to Dr. EMERY, and prejudice the public against him as a skilful operator. Dr. Emery assures us that although from two to three drachms were employed, the restlessness of the patient was such that she could not possibly have inhaled more than a drachm. The sponge upon which the chloroform was poured was of a loose texture, and had a large hole through which an abundance of air could enter. Dr. Emery has used chloroform in a large number of cases, and never before met with an accident. We cheerfully make these statements, which, however, only set forth more strongly the uncertainty and danger of chloroform, and the expediency of abandoning its use in favor of sulphuric ether in all ordinary cases.

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**CAPSULES OF MATHEY-CAYLUS.**

WE have seen several preparations of pure copaiva and copaiba combined with other substances, such as citrate of iron, cubebs, rhatany and magnesia, enclosed in capsules of gluten, made by Mr. Mathey-Caylus, of Paris. Among the advantages claimed for the capsules of copaiba over others, the principal are their small size, being one half less than the gelatine capsules, although containing the same amount of the balsam (which improvement is owing to the thinness of the envelope), and the nature of gluten, which, dissolving slowly, prevents the escape of the copaiba until after the capsule has escaped from the pylorus, thereby saving the patient from the disagreeable eructations which form one of the objections to this medicine. The first of these improvements is obvious to the eye; we have had no opportunity of judging of the other. The combination of copaiba with other medicines, especially with iron, we regard as a valuable improvement, particularly when prepared in a form so easily taken, and we doubt not these preparations will be found to be of service in various other diseases than gonorr-



rhœa, particularly the catarrhal affections of the uterus and vagina. The capsules of Mathey-Caylus may be obtained of most of the druggists in Boston, neatly packed in bottles, each containing sixty-four capsules.

#### THE CONTROVERSY BETWEEN DR. REESE AND DR. CLEAVELAND.

DR. CLEAVELAND, author of the Pronouncing Medical Lexicon, referring in a letter to an intimation, contained in the Journal of Jan. 10th, that an injunction had been obtained against him, for infringement of copyright, by Dr. Reese, writes to us that no injunction has been issued against him or his publishers, nor have they been sued for damages.

#### THE ENTERTAINMENTS OF THE FACULTY OF HARVARD UNIVERSITY.

THE third of this series of pleasant *re-unions* took place at the Tremont House on Saturday evening last. The rooms were unusually full, and the guests, to all appearance, enjoyed the occasion particularly. Hilarity and good humor were the order of the evening, and full justice was done to the bountifully-spread table. No entertainments by the faculty, within our recollection, have given more general satisfaction or been more numerously attended than those of the present season.

*Medical Miscellany.*—At the New Hampshire Lunatic Asylum recently, a furiously insane inmate, while struggling with two keepers, suddenly dropped dead, probably in consequence of a rush of blood to the head.—A sick lady in Robinson, near Pittsburg, is said to have passed forty days without taking anything but water.—Dr. Kane's Narrative of his Arctic Expedition is to be ready in May.—Dr. McMillan, of Columbus, Ohio, lately died in the Crimea, in the military service of the Russians.—Dr. B. H. Lemon has been appointed physician to the Buffalo Hospital of the Sisters of Charity.—Efforts are making in the State of Maryland for a registration law similar to that of Massachusetts, New York, Virginia and some other States.—Dr. Lattemore, the translator of one of the editions of Ricord's Letters on Syphilis, and a young physician of much promise, died recently in New York.—Prof. Willard Parker, of New York, met with a serious accident lately, by which the sternum and one rib were broken, but has recovered so as to resume his lectures.—Prof. Silliman, of New Haven, lately delivered a lecture at Columbus, Ohio, on "Subterranean Heat."

*Communications received.*—Successful Treatment of Three Cases of Paralysis.—Case of Attempt at Self-Castration.—Case of Hæmoptysis.—Membranous Croup complicating Labor, in a woman 19 years of age.

*Pamphlets received.*—A Brief History of the Origin, Progress and Extension of Yellow Fever in Memphis, Tenn., in 1855; with some Account of its Symptoms, Character, Treatment and Fatality. By L. Shanks, M.D., Prof. of Obstetrics and Diseases of Females in the Memphis Medical College, Memphis, Tenn.—Address, on the Union of Scientific Medicine, delivered before the Medical Department of the University of Louisville, by J. W. Singleton, M.D.

DIED,—In Tuscaloosa, Ala., Dec. 13th, Dr. William E. Henry, a native of Rutland, Mass., 53.

*Deaths in Boston* for the week ending Saturday noon, Jan 26th, 73. Males, 43—females, 30. Apoplexy, 1—inflammation of the bowels, 1—burns, 2—inflammation of the brain, 3—congestion of the brain, 1—consumption, 13—convulsions, 1—croup, 1—diarrhœa, 1—dropsy, 1—dropsy in head, 5—debility, 1—infantile diseases, 5—erysipelas, 2—typhoid fever, 2—scarlet fever, 1—disease of the heart, 2—inflammation of the lungs, 11—disease of the liver, 1—meningitis, 1—old age, 1—palsy, 1—pleurisy, 2—scrofula, 1, smallpox, 3—rheumatism, 1—teething, 2—unknown, 4—whooping cough, 2.

Under 5 years, 30—between 5 and 20 years, 5—between 20 and 40 years, 16—between 40 and 60 years, 16—above 60 years, 6. Born in the United States, 50—Ireland, 17—British Provinces, 5—England, 1.

"*Recommendation and Use of Quack Medicines by Physicians.*"—The following letter from a leading member of the profession at the West, and who is well known to medical men generally, is addressed to the editor of the New Jersey Medical Reporter, from which periodical we copy it. It is under date of Cincinnati, Oct. 18, 1855.

"Dr. S. W. BUTLER—Dear Sir,—I am much gratified with your remarks on Quackery, in the October No. of your Reporter. What inducements a regular physician can have to endorse any form of pill-quackery, it is difficult to conceive.

"In justice to scientific medicine, every advocate of nostrums who belongs to a regular medical society, ought to be publicly excluded from the association, and placed before the community in the company which he has chosen.

"It is to be deeply regretted that learned and distinguished men in the other professions, should so far abandon the principles which they insist upon in their own pursuits, as to encourage ignorance and imposture in the medical profession.

"With regard to the support given by religious newspapers to quackeries in medicine, I will just say that, for a number of years, I have refused to take any religious or temperance paper which contains the advertisements of medical quacks.

"Yours truly,

R. D. MUSSEY."

*The Venerable Dr. Clutterbuck's Opinion of Chloroform.*—At a meeting of the Medical Society of London, held Oct. 13th, one of the cotemporaries of Jenner, Lettsom, Haighton, Thornton, Currie, and Astley Cooper, now in his 90th year, was present; one who had presided over its deliberations nearly 40 years ago; viz., the celebrated Dr. Clutterbuck. He came in the decline of a well-spent life, standing as it were between the living and the dead, to mingle once more with the profession, and took occasion to express his opinion of chloroform. This was that no discovery of recent date was equal in importance to it—an agent capable of producing the most powerful effects, and that, too, with safety, when it was used with proper care and discrimination.—*Nashville Jour. of Med. and Surg.*

*Danger of Chloroformization, even in Midwifery.*—In a lying-in Hospital, we learn from the Dublin Quarterly Journal, that Dr. M'Clintock came very near losing a parturient patient, although the anæsthetic agent, chloroform, was administered by the senior assistant on a sponge, and about a drachm in quantity, or was not more than is habitually given in the hospital practice to patients undergoing obstetric operations. And the Medical Times and Gazette for April, 1855, records the death of a lady in natural labor from the effects of chloroform, administered to her by the nurse.

The following judicious advice should be impressed upon every one who resorts to anæsthesia—"to invariably and uniformly observe the strictest caution, prudence, and circumspection in the employment of this powerful agent (chloroform), and never to entrust its exhibition to a non-medical person."—*Id.*

*Death of M. Ernest Cloquet.*—M. Ernest Cloquet, physician to the Shah of Persia since 1846, has just been the victim of a mistake, and perished, after excruciating pain, by taking a large dose of tincture of cantharides in mistake for brandy. This eminent member of the Paris faculty had been elected by the Academy of Medicine, when Mehemet Shah had requested the French government to send him a physician; the government having left the choice entirely to the learned society. The salary was £1,400 a year. M. Cloquet had not long since been married to an Armenian lady.—*London Lancet.*

*Strawberry Leaves as a Substitute for Tea.*—M. Kletzinsky, of Vienna, has lately made a report upon the use of the leaves of the wild strawberry (*flagaria vesca*) as a substitute for tea. When gathered soon after the ripening of the fruit, an infusion of the leaves is a most agreeable dietetic drink. The leaves may be either dried in the sun or in heated pans; the infusion from the leaves thus prepared is greenish, slightly astringent, and somewhat similar to that obtained from the China plant. The infusion is miscible with milk without coagulation, possesses the same diaphoretic and diuretic properties as tea, and is slightly excitant.—*New Orleans Med. News and Hospital Gaz.*

